

FORM I GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting)	1. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F I L D 0 0 5 0 7 5 9 0 8 </div>
LABEL ITEMS 1. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. Facility Location		PLEASE PLACE LABEL IN THIS SPACE

11. POLLUTANT CHARACTER											
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "W" in the box the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your facility is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.											
SPECIFIC QUESTIONS			MARK "X" FORM ATTACHED			SPECIFIC QUESTIONS			MARK "X" FORM ATTACHED		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. 2 (FORM 2A)	YES	NO				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	YES	NO			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in discharge waters of the U.S.? (FORM 2 D)			X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X			F. Do you or will you inject at this facility industrial municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (Form 4)			X		
G. Do or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X			H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X			J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		

III. NAME OF FACILITY									
1. SKIP AVENTINE RENEWABLE ENERGY, INC.									

IV. FACILITY CONTACT									
A. NAME & TITLE (last, first & title)						B. Phone Number (area code & no.)			
2. Todd Benton, Director of Operations						3 0 9 3 4 7 9 3 4 6			

V. FACILITY MAILING ADDRESS									
A. STREET OR P.O. BOX									
3. 1300 S. 2nd Street									
B. CITY OR TOWN					C. STATE		D. ZIP CODE		
4. PEKIN					IL		6 1 5 5 4		

VI. FACILITY LOCATION									
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER									
5. NA									
B. COUNTY NAME									
TAZEWELL									
C. CITY OR TOWN					D. ZIP CODE		F. COUNTY (if known)		
6. PEKIN					IL		6 1 5 5 4		

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VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																			
C	7	2	0	4	6	(specify)					C	7	2	8	6	9	(specify)												
15	16	17	18	19	WET CORN MILLING										15	16	17	OTHER INDUSTRIAL ORGANIC CHEMICAL											
C. THIRD										D. FOURTH																			
C	7	NA	(specify)							C	7	NA	(specify)																
15	16	17	18	19	NA										15	16	17	18	19	NA									

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A owner?				
C	8	AVENTINE RENEWABLE ENERGY, INC.													<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66				
15	16														55				

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)															D. PHONE (area code & no.)									
F=FEDERAL M=PUBLIC (other than federal or state) S=STATE O=OTHER (specify) P=PRIVATE															M (specify) NA									
															3 0 9 3 4 7 9 2 4 1 15 16 17 18 19 20 21 22 23									

E. STREET OR P.O. BOX															F. CITY OR TOWN										G. STATE					H. ZIP CODE					IX. INDIAN LAND				
1300 S. 2nd STREET															PEKIN										IL					61554					Is facility <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	9	N	IL 0001953												C	9	E	NA													
15	16	17	18													15	16	17	18												
B. UIC (Underground Injection of Fluids)															E. OTHER (Specify)																
C	9	U	NA												C	9	2007-EO-3265														
15	16	17	18													15	16	17	18	(specify) Water Pollution Control (IEPA)											
C. RCRA (Hazardous Wastes)															E. OTHER (Specify)																
C	9	R	IL 1790600002 G												C	9															
15	16	17	18													15	16	17	18	(specify)											

XI. MAP

Attach to this application a topographic map of the area extending to at least one beyond property boundaries. The map must show the outline of the facility, the location of each of existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where injects fluids underground. Include all springs, rivers and other surface water bodies the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide brief description)

This is a corn wet and dry milling operation with the starch from the corn being converted into alcohol (ethanol). The non-starch materials are sold as animal feeds except for the oil bearing portion (germ) which is sold to others for extraction of the corn oil. Yeast from the fermentation process is refined, dried and sold.

XIII. CERTIFICATION (see instructions)

/ certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
TODD BENTON Director of Operations																														4/26/11									

COMMENTS FOR OFFICIAL USE ONLY														
C														
C														
15														

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM 2C NPDES		EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS Consolidated Permits Program					
I. OUTFALL LOCATION								
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.								
A. OUTFALL NUMBER <i>(list)</i>	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER <i>(name)</i>	
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.		
001	40.00	33.00	27.00	-89.00	40.00	4.00	ILLINOIS RIVER	
B01	40.00	33.00	27.00	-89.00	40.00	4.00	ILLINOIS RIVER	
C01	40.00	33.00	27.00	-89.00	40.00	4.00	ILLINOIS RIVER	
002	40.00	33.00	35.00	-89.00	39.00	54.00	ILLINOIS RIVER	
II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES								
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (<i>e.g., for certain mining activities</i>), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.								
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.								
1. OUT-FALL NO. <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW			3. TREATMENT				
	a. OPERATION <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>		a. DESCRIPTION			b. LIST CODES FROM TABLE 2C-1	
001	COOLING WATER - WET MILL	43.4 MGD		NONE				
	WASTE WATER TREATMENT PLANT	0.87 MGD		ANAEROBIC AND AEROBIC TREATMENT			3-A	3-C
	STORM WATER RUNOFF	0.05 MGD		NONE				
	COOLING WATER - DRY MILL	0.26 MGD		NONE				
B01	WASTE WATER TREATMENT PLANT	0.87 MGD		ANAEROBIC AND AEROBIC TREATMENT			3-A	3-C
C01	COOLING WATER - DRY MILL	0.26 MGD		NONE				
002	COOLING WATER - YEAST PLANT	1.253 MGD		DE-CHLORINATION			2-E	
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OFFICIAL USE ONLY (<i>effluent guidelines sub-categories</i>)								

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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION	
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input checked="" type="checkbox"/> YES (complete Item III-B) <input type="checkbox"/> NO (go to Section IV)	
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input checked="" type="checkbox"/> YES (complete Item III-C) <input type="checkbox"/> NO (go to Section IV)	
C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.	
1. AVERAGE DAILY PRODUCTION	
a. QUANTITY PER DAY	b. UNITS OF MEASURE
105,340	BUSHELS PER DAY
c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
2. AFFECTED OUTFALLS (list outfall numbers)	
B01	

IV. IMPROVEMENTS				
A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Item IV-B)				
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO. b. SOURCE OF DISCHARGE		a. REQUIRED b. PROJECTED	

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. <input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED	
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EPA I.D. NUMBER (copy from Item 1 of Form 1)

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NONE			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

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VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
PDC LABORATORIES, INC	2231 WEST ALTORFER DRIVE PEORIA, ILLINOIS 61615	309-688-9688	Nitrate, Nitrite, Nitrogen - Total, Oil and Grease, Phosphorus, Sulfate, Sulfide, Sulfite, Aluminum, Iron, Magnesium, Manganese, Arsenic, Zinc, Barium

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Todd Benton Director - Pekin operations

B. PHONE NO. (area code & no.)

309-347-9346

C. SIGNATURE



D. DATE SIGNED

4/26/11

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO.
001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
a. Biochemical Oxygen Demand (BOD)	92	20051			12	3252	523	mg/L	Lbs			
b. Chemical Oxygen Demand (COD)	847				44		2119	mg/L	Lbs			
c. Total Organic Carbon (TOC)	7						1	mg/L	Lbs			
d. Total Suspended Solids (TSS)	39						1	mg/L	Lbs			
e. Ammonia (as N)	0.35						1	mg/L	Lbs			
f. Flow	VALUE 44.47		VALUE		VALUE 31.88 MGD		1824			VALUE		
g. Temperature (winter)	VALUE 32		VALUE 32		VALUE 23		1790	°C		VALUE		
h. Temperature (summer)	VALUE 44		VALUE 44		VALUE 36		1790	°C		VALUE		
i. pH	MINIMUM 6.2	MAXIMUM 8.7	MINIMUM 6.2	MAXIMUM 8.7			1617	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. <i>(if available)</i>	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual	X		0.04				0.018		107	mg/L				
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		4.2						1	mg/L				

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ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)							
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
g. Nitrogen, Total Organic (as N)	X		1.4						1	mg/L								
h. Oil and Grease	X		< 7						1	mg/L								
i. Phosphorus (as P), Total (7723-14-0)	X		0.8						1	mg/L								
j. Radioactivity																		
(1) Alpha, Total		X																
(2) Beta, Total		X																
(3) Radium, Total		X																
(4) Radium 226, Total		X																
k. Sulfate (as SO ₄) (14808-79-8)	X		98						1	mg/L								
l. Sulfide (as S)	X		6						1	mg/L								
m. Sulfite (as SO ₃) (14265-45-3)	X		< 2						1	mg/L								
n. Surfactants		X																
o. Aluminum, Total (7429-90-5)	X		0.25						1	mg/L								
p. Barium, Total (7440-39-3)	X		0.064						1	mg/L								
q. Boron, Total (7440-42-8)		X																
r. Cobalt, Total (7440-48-4)		X																
s. Iron, Total (7439-89-6)	X		0.7						1	mg/L								
t. Magnesium, Total (7439-95-4)	X		34						1	mg/L								
u. Molybdenum, Total (7439-98-7)		X																
v. Manganese, Total (7439-96-5)	X		0.099						1	mg/L								
w. Tin, Total (7440-31-5)		X																
x. Titanium, Total (7440-32-6)		X																

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
METALS, CYANIDE, AND TOTAL PHENOLS																
1M. Antimony, Total (7440-36-0)			X													
2M. Arsenic, Total (7440-38-2)		X		<0.02						1	mg/L					
3M. Beryllium, Total (7440-41-7)			X													
4M. Cadmium, Total (7440-43-9)			X													
5M. Chromium, Total (7440-47-3)			X													
6M. Copper, Total (7440-50-8)			X													
7M. Lead, Total (7439-92-1)			X													
8M. Mercury, Total (7439-97-6)			X													
9M. Nickel, Total (7440-02-0)			X													
10M. Selenium, Total (7782-49-2)			X													
11M. Silver, Total (7440-22-4)			X													
12M. Thallium, Total (7440-28-0)			X													
13M. Zinc, Total (7440-66-6)		X		<0.01						1	mg/L					
14M. Cyanide, Total (57-12-5)			X													
15M. Phenols, Total			X													
DIOXIN																
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1764-01-6)			X	DESCRIBE RESULTS												

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (Chloro- methyl) Ether (542-88-1)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chlorobenzene (108-90-7)			X													
8V. Chlorodi- bromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro- bromomethane (75-27-4)			X													
13V. Dichloro- difluoromethane (75-71-8)			X													
14V. 1,1-Dichloro- ethane (75-34-3)			X													
15V. 1,2-Dichloro- ethane (107-06-2)			X													
16V. 1,1-Dichloro- ethylene (75-35-4)			X													
17V. 1,2-Dichloro- propane (78-87-5)			X													
18V. 1,3-Dichloro- propylene (542-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																
22V. Methylene Chloride (75-09-2)			X													
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X													
24V. Tetrachloroethylene (127-18-4)			X													
25V. Toluene (108-88-3)			X													
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X													
27V. 1,1,1-Trichloroethane (71-55-6)			X													
28V. 1,1,2-Trichloroethane (79-00-5)			X													
29V Trichloroethylene (79-01-6)			X													
30V. Trichlorofluoromethane (75-69-4)			X													
31V. Vinyl Chloride (75-01-4)			X													
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chlorophenol (95-57-8)			X													
2A. 2,4-Dichlorophenol (120-83-2)			X													
3A. 2,4-Dimethylphenol (105-67-9)			X													
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X													
5A. 2,4-Dinitrophenol (51-28-5)			X													
6A. 2-Nitrophenol (88-75-5)			X													
7A. 4-Nitrophenol (100-02-7)			X													
8A. P-Chloro-M-Cresol (59-50-7)			X													
9A. Pentachlorophenol (87-86-5)			X													
10A. Phenol (108-95-2)			X													
11A. 2,4,6-Trichlorophenol (88-05-2)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																	
1B. Acenaphthene (83-32-9)			X														
2B. Acenaphthylene (208-96-8)			X														
3B. Anthracene (120-12-7)			X														
4B. Benzidine (92-87-5)			X														
5B. Benzo (a) Anthracene (56-55-3)			X														
6B. Benzo (a) Pyrene (50-32-8)			X														
7B. 3,4-Benzo- fluoranthene (205-99-2)			X														
8B. Benzo (ghi) Perylene (191-24-2)			X														
9B. Benzo (k) Fluoranthene (207-08-9)			X														
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X														
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X														
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X														
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X														
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X														
15B. Butyl Benzyl Phthalate (85-68-7)			X														
16B. 2-Chloro- naphthalene (91-58-7)			X														
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X														
18B. Chrysene (218-01-9)			X														
19B. Dibenzo (a,h) Anthracene (53-70-3)			X														
20B. 1,2-Dichloro- benzene (95-50-1)			X														
21B. 1,3-Di-chloro- benzene (541-73-1)			X														

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
																(1) CONCENTRATION	(2) MASS
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																	
22B. 1,4-Dichloro- benzene (106-46-7)			X														
23B. 3,3-Dichloro- benzidine (91-94-1)			X														
24B. Diethyl Phthalate (84-66-2)			X														
25B. Dimethyl Phthalate (131 -11-3)			X														
26B. Di-N-Butyl Phthalate (84-74-2)			X														
27B. 2,4-Dinitro- toluene (121-14-2)			X														
28B. 2,6-Dinitro- toluene (606-20-2)			X														
29B. Di-N-Octyl Phthalate (117-84-0)			X														
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X														
31B. Fluoranthene (206-44-0)			X														
32B. Fluorene (86-73-7)			X														
33B. Hexachloro- benzene (118-74-1)			X														
34B. Hexachloro- butadiene (87-68-3)			X														
35B. Hexachloro- cyclopentadiene (77-47-4)			X														
36B Hexachloro- ethane (67-72-1)			X														
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X														
38B. Isophorone (78-59-1)			X														
39B. Naphthalene (91-20-3)			X														
40B. Nitrobenzene (98-95-3)			X														
41B. N-Nitro- sodimethylamine (62-75-9)			X														
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X														

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS	
				CONCENTRATION		CONCENTRATION		CONCENTRATION					CONCENTRATION		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitro- sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO.
B01

PART A—You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	23	211			5	23	513	mg/L	Lbs			
b. Chemical Oxygen Demand (COD)	229				51.8		2100	mg/L	Lbs			
c. Total Organic Carbon (TOC)	25						1	mg/L	Lbs			
d. Total Suspended Solids (TSS)	98	899			16	76	1776	mg/L	Lbs			
e. Ammonia (as N)	75	688			1.7	8.1	1224	mg/L	Lbs			
f. Flow	VALUE 1.1 MGD		VALUE		VALUE 0.57 MGD		1826			VALUE		
g. Temperature (winter)	VALUE 36.7		VALUE		VALUE 27.2		1026	°C		VALUE		
h. Temperature (summer)	VALUE 38.3		VALUE		VALUE 34.4		1077	°C		VALUE		
i. pH	MINIMUM 6.4	MAXIMUM 8.38	MINIMUM	MAXIMUM			3116	STANDARD UNITS				

PART B—Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		1549 NO3		203 NO3			1017	mg/L					

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ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS		a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		31						1	mg/L					
h. Oil and Grease	X		< 6						1	mg/L					
i. Phosphorus (as P), Total (7723-14-0)	X		30	199			2	11	721	mg/L	Lbs				
j. Radioactivity															
(1) Alpha, Total		X													
(2) Beta, Total		X													
(3) Radium, Total		X													
(4) Radium 226, Total		X													
k. Sulfate (as SO ₄), (14808-79-8)	X		290						1	mg/L					
l. Sulfide (as S)	X		< 2						1	mg/L					
m. Sulfite (as SO ₃), (14265-45-3)	X		< 2						1	mg/L					
n. Surfactants		X													
o. Aluminum, Total (7429-90-5)	X		2.8						1	mg/L					
p. Barium, Total (7440-39-3)		X													
q. Boron, Total (7440-42-8)		X													
r. Cobalt, Total (7440-48-4)		X													
s. Iron, Total (7439-89-6)	X		0.095						1	mg/L					
t. Magnesium, Total (7439-95-4)	X		20						1	mg/L					
u. Molybdenum, Total (7439-98-7)		X													
v. Manganese, Total (7439-96-5)	X		0.012						1	mg/L					
w. Tin, Total (7440-31-5)		X													
x. Titanium, Total (7440-32-6)		X													

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS		
METALS, CYANIDE, AND TOTAL PHENOLS																
1M. Antimony, Total (7440-36-0)			X													
2M. Arsenic, Total (7440-38-2)		X		< 0.02						1	mg/L					
3M. Beryllium, Total (7440-41-7)			X													
4M. Cadmium, Total (7440-43-9)			X													
5M. Chromium, Total (7440-47-3)			X													
6M. Copper, Total (7440-50-8)			X													
7M. Lead, Total (7439-92-1)			X													
8M. Mercury, Total (7439-97-6)			X													
9M. Nickel, Total (7440-02-0)			X													
10M. Selenium, Total (7782-49-2)			X													
11M. Silver, Total (7440-22-4)			X													
12M. Thallium, Total (7440-28-0)			X													
13M. Zinc, Total (7440-66-6)		X		<0.01						1	mg/L					
14M. Cyanide, Total (57-12-5)			X													
15M. Phenols, Total			X													
DIOXIN																
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1764-01-6)			X	DESCRIBE RESULTS												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION - VOLATILE COMPOUNDS																	
1V. Accrolein (107-02-8)			X														
2V. Acrylonitrile (107-13-1)			X														
3V. Benzene (71-43-2)			X														
4V. Bis (Chloro- methyl) Ether (542-88-1)			X														
5V. Bromoform (75-25-2)			X														
6V. Carbon Tetrachloride (56-23-5)			X														
7V. Chlorobenzene (108-90-7)			X														
8V. Chlorodi- bromomethane (124-48-1)			X														
9V. Chloroethane (75-00-3)			X														
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X														
11V. Chloroform (67-66-3)			X														
12V. Dichloro- bromomethane (75-27-4)			X														
13V. Dichloro- difluoromethane (75-71-8)			X														
14V. 1,1-Dichloro- ethane (75-34-3)			X														
15V. 1,2-Dichloro- ethane (107-06-2)			X														
16V. 1,1-Dichloro- ethylene (75-35-4)			X														
17V. 1,2-Dichloro- propane (78-87-5)			X														
18V. 1,3-Dichloro- propylene (542-75-6)			X														
19V. Ethylbenzene (100-41-4)			X														
20V. Methyl Bromide (74-83-9)			X														
21V. Methyl Chloride (74-87-3)			X														

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																	
22V. Methylene Chloride (75-09-2)			X														
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X														
24V. Tetrachloroethylene (127-18-4)			X														
25V. Toluene (108-88-3)			X														
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X														
27V. 1,1,1-Trichloroethane (71-55-6)			X														
28V. 1,1,2-Trichloroethane (79-00-5)			X														
29V. Trichloroethylene (79-01-6)			X														
30V. Trichlorofluoromethane (75-69-4)			X														
31V. Vinyl Chloride (75-01-4)			X														
GC/MS FRACTION – ACID COMPOUNDS																	
1A. 2-Chlorophenol (95-57-8)			X														
2A. 2,4-Dichlorophenol (120-83-2)			X														
3A. 2,4-Dimethylphenol (105-67-9)			X														
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X														
5A. 2,4-Dinitrophenol (51-28-5)			X														
6A. 2-Nitrophenol (88-75-5)			X														
7A. 4-Nitrophenol (100-02-7)			X														
8A. P-Chloro-M-Cresol (59-50-7)			X														
9A. Pentachlorophenol (87-86-5)			X														
10A. Phenol (108-95-2)			X														
11A. 2,4,6-Trichlorophenol (88-05-2)			X														

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS																	
1B. Acenaphthene (83-32-9)			X														
2B. Acenaphthylene (208-96-8)			X														
3B. Anthracene (120-12-7)			X														
4B. Benzidine (92-87-5)			X														
5B. Benzo (a) Anthracene (56-55-3)			X														
6B. Benzo (a) Pyrene (50-32-8)			X														
7B. 3,4-Benzo- fluoranthene (205-99-2)			X														
8B. Benzo (ghi) Perylene (191-24-2)			X														
9B. Benzo (k) Fluoranthene (207-08-9)			X														
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X														
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X														
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X														
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X														
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X														
15B. Butyl Benzyl Phthalate (85-68-7)			X														
16B. 2-Chloro- naphthalene (91-58-7)			X														
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X														
18B. Chrysene (218-01-9)			X														
19B. Dibenzo (a,h) Anthracene (53-70-3)			X														
20B. 1,2-Dichloro- benzene (95-50-1)			X														
21B. 1,3-Di-chloro- benzene (541-73-1)			X														

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVR. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B Hexachloro- ethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitro- sodimethylamine (62-75-9)			X													
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
43B. N-Nitro-sodiphenylamine (86-30-6)			X													
44B. Phenanthrene (85-01-8)			X													
45B. Pyrene (129-00-0)			X													
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X													
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-6)			X													
3P. β-BHC (319-85-7)			X													
4P. γ-BHC (58-89-9)			X													
5P. δ-BHC (319-86-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α-Endosulfan (115-29-7)			X													
12P. β-Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – PESTICIDES (continued)																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1)		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.			
FORM 2E NPDES		Facilities Which Do Not Discharge Process Wastewater					
I. RECEIVING WATERS							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	ILLINOIS RIVER
002	40.00	33.00	35.00	-89.0	39.00	54.00	
II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)							
III. TYPE OF WASTE							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input checked="" type="checkbox"/> Noncontact Cooling Water <input type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. Sodium Hypochlorite							
IV. EFFLUENT CHARACTERISTICS							
A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(or)	(4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration			
Biochemical Oxygen Demand (BOD)		< 4 mg/L			1.00		
Total Suspended Solids (TSS)		18 mg/L			1.00		
Fecal Coliform (if believed present or if sanitary waste is discharged)							
Total Residual Chlorine (if chlorine is used)		0.05 mg/L		0.01mg/L	106.00		
Oil and Grease							
*Chemical oxygen demand (COD)		19 mg/L			1.00		
*Total organic carbon (TOC)		4.8 mg/L			1.00		
Ammonia (as N)		0.163 mg/L			1.00		
Discharge Flow	Value	1.224MGD		1.224MGD		1,686.00	
pH (give range)	Value	8.6-6.2		7.6		1,925.00	
Temperature (Winter)		26.10 °C		20.60 °C		450.00	
Temperature (Summer)		38.80 °C		33.30 °C		289.00	
*If noncontact cooling water is discharged							

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APR 28 2011

Environmental Protection Agency
WPC--Permit Log In

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, briefly describe the frequency of flow and duration.		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
Sodium Bisulfite added to de-chlorinate effluent.		
VII. OTHER INFORMATION (Optional)		
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.		
NA		
VIII. CERTIFICATION		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
A. Name & Official Title <div style="font-family: cursive; font-size: 1.2em;"> Todd Benton Director - Pelkin Operations </div>		B. Phone No. (area code & no.)
C. Signature <div style="font-family: cursive; font-size: 1.2em;"> </div>		D. Date Signed <div style="font-family: cursive; font-size: 1.2em;"> 4/26/11 </div>

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1)		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.			
FORM <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES		<div style="display: flex; align-items: center; justify-content: center;"> <div> <h2 style="margin: 0;">Facilities Which Do Not Discharge Process Wastewater</h2> </div> </div>					
I. RECEIVING WATERS							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	ILLINOIS RIVER
C01	40.00	33.00	27.00	-89.0	40.00	4.00	
II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)							
III. TYPE OF WASTE							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input type="checkbox"/> Noncontact Cooling Water <input checked="" type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.							
Stream consists of: Cooling Tower Blowdown, Boiler Blowdown, Reverse Osmosis Reject Water, Sand Filter Back wash and Water Softener Regeneration Water. Additives are Detailed in Attachment ____.							
IV. EFFLUENT CHARACTERISTICS							
A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).							
B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)	
	Mass	Concentration	Mass	Concentration			
Biochemical Oxygen Demand (BOD)		< 4 mg/L			1.00		
Total Suspended Solids (TSS)		9 mg/L			1.00		
Fecal Coliform (if believed present or if sanitary waste is discharged)							
Total Residual Chlorine (if chlorine is used)							
Oil and Grease							
*Chemical oxygen demand (COD)		26 mg/L			1.00		
*Total organic carbon (TOC)							
Ammonia (as N)		0.01 mg/L			1.00		
Discharge Flow	Value	0.801	Value	0.219	937.00		
pH (give range)	Value	6.13-8.92	Value	7.87	907.00		
Temperature (Winter)		°C		°C			
Temperature (Summer)				°C			
*If noncontact cooling water is discharged							

RECEIVED

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V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, briefly describe the frequency of flow and duration.		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
NA		
VII. OTHER INFORMATION (Optional)		
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.		
NA		
VIII. CERTIFICATION		
<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
A. Name & Official Title <div style="font-family: cursive; font-size: 1.2em;"> Todd Benton Director - Pekin Operations </div>		B. Phone No. (area code & no.)
C. Signature <div style="font-family: cursive; font-size: 1.2em;"> </div>		D. Date Signed <div style="font-family: cursive; font-size: 1.2em;"> 4/24/11 </div>

APPENDIX B

MSDS – CORN WET MILLING PLANT